

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: HARBOR HOUSE MERRILL II (0010090)

Address: 1209 TAYLOR STREET, MERRILL, WI 54452

License Status: REGULAR

Licensed/Certified/Registered 01/01/2004

Regional Office: NORTHERN REGION (RHINELANDER), (715) 365-2800

Survey History

Survey ID: 0097023 **End Date:** 04/26/2006 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009558 Served 06/05/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(a)	RESPONSIBILITIES		
83.15(1)(a)	STAFFING PATTERNS		
83.32(2)(a)	INDIVIDUALIZED SERVICE PLAN-SCOPE		
83.32(4)(a)	PERSONS IN RESPITE CARE		
83.33(2)	GENERAL SERVICES		

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Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Survey ID: 0096436 End Date: 01/05/2006 Type: STANDARD Purpose: SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009509 Served 03/04/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.07(2)(a)6	DESCRIPTION OF PROGRAM GOALS & SERVICES	04/19/2006	Yes
83.07(2)(b)	CHANGE	04/19/2006	Yes
83.11(3)(a)	RESPONSIBILITIES	04/19/2006	No
83.13(7)(a)8	CRIMINAL CHECK, BACKGROUND & REGISTRY	04/19/2006	Yes
83.13(7)(a)9	TRAINING AND INSERVICE REQUIREMENTS	04/19/2006	Yes
83.14(1)(c)	UNIVERSAL PRECAUTIONS	04/19/2006	Yes
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	04/19/2006	Yes
83.14(2)	TRAINING DIETARY NEEDS & MENU PLANNING	04/19/2006	Yes
83.16(2)	RESPIRE CARE RESIDENTS	04/19/2006	Yes
83.18(4)	RETENTION	04/19/2006	Yes
83.21(4)(c)	TELEPHONE CALLS	04/19/2006	Yes
83.21(4)(w)	SAFE ENVIRONMENT	04/19/2006	Yes
83.32(2)(a)	INDIVIDUALIZED SERVICE PLAN-SCOPE	04/19/2006	No
83.32(2)(d)	REVIEW OF PROGRESS	04/19/2006	Yes
83.32(4)(a)	PERSONS IN RESPIRE CARE	04/19/2006	No
83.33(2)(a)	SUPERVISION	04/19/2006	Yes
83.33(3)(b)2.a	MEDICATIONS SHALL HAVE A LABEL	04/19/2006	Yes
83.35(3)(b)	MENU DATED AND KEPT ON FILE	04/19/2006	Yes
83.35(4)(a)	FOOD SUPPLY	04/19/2006	Yes

Survey ID: 0094215 End Date: 01/05/2005 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Survey ID: 0094060 End Date: 12/22/2004 Type: OTHER Purpose: COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009358 Served 02/11/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(4)	CLIENT GROUP SPECIFIC SERVICES	01/05/2006	Yes

Survey ID: 0094237 End Date: 12/06/2004 Type: OTHER Purpose: COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009361 Served 03/04/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(h)	NOT PERMIT A CONDITION OF RISK		
83.21(4)(l)	CLOTHING AND POSSESSIONS		
83.33(3)(e)6	MEDICATION ERRORS AND ADVERSE REACTIONS		
83.35(4)(a)	FOOD SUPPLY		

Survey ID: 0093832 End Date: 11/04/2004 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009347 Served 12/20/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	01/05/2006	Yes
83.32(2)(a)	INDIVIDUALIZED SERVICE PLAN-SCOPE	01/05/2006	No
83.32(2)(d)	REVIEW OF PROGRESS	01/05/2006	No

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Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Survey ID: 0093167 End Date: 06/21/2004 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009316 Served 08/20/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	01/05/2005	Yes
83.33(3)(e)6	MEDICATION ERRORS AND ADVERSE REACTIONS	01/05/2005	Yes

Survey ID: 0092846 End Date: 06/17/2004 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0092692 End Date: 05/13/2004 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0091986 End Date: 01/20/2004 Type: OTHER Purpose: COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009239 Served 03/03/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(2)(g)3	CBRF ARRANGE HEALTH VISITS AND DOCUMENT	06/17/2004	Yes

Survey ID: 0091786 End Date: 12/16/2003 Type: STANDARD Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009224 Served 01/15/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.42(8)(b)	FIRE EXTINGUISHER	06/17/2004	Yes

Survey ID: 0090980 End Date: 08/27/2003 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Survey ID: 0090540 End Date: 06/25/2003 Type: INITIAL Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10005190 Served 07/01/2003

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.03	LICENSING, POWERS AND DUTIES	12/16/2003	Yes

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Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Enforcement History

Date: 05/24/2006 SOD #10009558 Appealed: No

Sanctions

FORFEITURE---83.11(3)(a)
FORFEITURE---83.15(1)(a)
FORFEITURE---83.32(2)(a)
FORFEITURE---83.32(4)(a)
FORFEITURE---83.33(2)

Date: 03/01/2006 SOD #10009509 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.14(1)(c)
FORFEITURE---83.14(2)
FORFEITURE---83.32(2)(a)
FORFEITURE---83.32(2)(d)
FORFEITURE---83.32(4)(a)
FORFEITURE---83.33(2)(a)
FORFEITURE---83.35(4)(a)

Date: 12/16/2004 SOD #10009347 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

PROVIDE TRAINING
FORFEITURE---83.21(4)(p)
FORFEITURE---83.32(2)(a)

Date: 08/17/2004 SOD #10009316 Appealed: No

Sanctions

PROVIDE TRAINING
FORFEITURE---83.21(4)(p)
FORFEITURE---83.33(3)(e)6

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DEPARTMENT OF HEALTH AND FAMILY SERVICES
Division of Disability and Elder Services
Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Date: 06/26/2003

SOD #10005190

Appealed: Yes

Decision: STIPULATION

Sanctions

OTHER SANCTION

FORFEITURE---50.03(1)

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Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Complaint History

Date Complaint Received: 03/17/2006

Date Investigation Completed: 04/26/2006

Subject Area(s)

ADMINISTRATION

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 02/06/2006

Date Investigation Completed: 04/26/2006

Subject Area(s)

RESIDENT BEHAVIOR/FACILITY PRACTICE
NUTRITION & FOOD SERVICES
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

10009558

Date Complaint Received: 12/05/2005

Date Investigation Completed: 04/26/2006

Subject Area(s)

SUPERVISION
RESIDENT BEHAVIOR/FACILITY PRACTICE
NUTRITION & FOOD SERVICES
STAFF TRAINING AND PROFICIENCY
STAFF ADEQUACY
PROGRAM SERVICES

Result

SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

10009558

10009558

Date Complaint Received: 11/14/2005

Date Investigation Completed: 12/05/2005

Subject Area(s)

RESIDENT BEHAVIOR/FACILITY PRACTICE
MEDICATIONS
ADMINISTRATION
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

SOD #

10009509

10009509

10009509

Date Complaint Received: 10/15/2004

Date Investigation Completed: 11/04/2004

Subject Area(s)

RESIDENT BEHAVIOR/FACILITY PRACTICE
PROGRAM SERVICES

Result

SUBSTANTIATED
SUBSTANTIATED

SOD #

10009347

10009347

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Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Date Complaint Received: 10/12/2004

Date Investigation Completed: 12/06/2005

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	SUBSTANTIATED	NOT RECORDED
RESIDENT BEHAVIOR/FACILITY PRACTICE	SUBSTANTIATED	NOT RECORDED
MEDICATIONS	SUBSTANTIATED	NOT RECORDED

Date Complaint Received: 10/01/2004

Date Investigation Completed: 12/22/2004

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT BEHAVIOR/FACILITY PRACTICE	NOT SUBSTANTIATED	
PROGRAM SERVICES	SUBSTANTIATED	10009358

Date Complaint Received: 08/31/2004

Date Investigation Completed: 12/22/2004

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	NOT SUBSTANTIATED	

Date Complaint Received: 07/02/2004

Date Investigation Completed: 01/05/2005

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT BEHAVIOR/FACILITY PRACTICE	NOT SUBSTANTIATED	
PHYSICAL PLANTS & SAFETY HAZARDS	NOT SUBSTANTIATED	
NUTRITION & FOOD SERVICES	NOT SUBSTANTIATED	

Date Complaint Received: 05/21/2004

Date Investigation Completed: 06/21/2004

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ABUSE	NOT SUBSTANTIATED	
RESIDENT BEHAVIOR/FACILITY PRACTICE	SUBSTANTIATED	NOT RECORDED
NUTRITION & FOOD SERVICES	NOT SUBSTANTIATED	
MEDICATIONS	SUBSTANTIATED	10009316
ADMINISTRATION	SUBSTANTIATED	10009316
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	NOT RECORDED

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CLASS CNA (NONAMBULATORY)

Date Complaint Received: 05/17/2004

Date Investigation Completed: 06/21/2004

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT BEHAVIOR/FACILITY PRACTICE	SUBSTANTIATED	10009316
MEDICATIONS	SUBSTANTIATED	10009316
PROGRAM SERVICES	SUBSTANTIATED	10009316

Date Complaint Received: 04/26/2004

Date Investigation Completed: 06/17/2004

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ABUSE	NOT SUBSTANTIATED	
RESIDENT BEHAVIOR/FACILITY PRACTICE	NOT SUBSTANTIATED	
PROGRAM SERVICES	NOT SUBSTANTIATED	

Date Complaint Received: 03/12/2004

Date Investigation Completed: 05/13/2004

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
OTHER	SUBSTANTIATED	NOT RECORDED

Date Complaint Received: 07/15/2003

Date Investigation Completed: 01/20/2004

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT BEHAVIOR/FACILITY PRACTICE	SUBSTANTIATED	10009239

Date Complaint Received: 07/11/2003

Date Investigation Completed: 08/27/2003

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	NOT SUBSTANTIATED	

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